

## GRANT APPLICATION / PROPOSAL PROCESSING FORM

Please review the attached proposal summary and application forms.

If you approve this proposal information, **sign** the the back of this form and other forms as indicated **IN BLUE INK** with witness signatures, if applicable, in sufficient time to meet the deadline date indicated below.

If you have questions regarding the proposed program/project, please contact the Grant Analyst at Ext. 2404 or the Department contact listed below to address those issues in a timely fashion. After your questions have been satisfactorily addressed, your signature is required for the grant to be forwarded for the next signature, final approval, and submission to the granting agency.

Approval indicates authorizatfon for county matching funds allocated for this project, if applicable, as indicated below.

Upon final approval, please return to the Grant Analyst for copying and record retention. The grant will then be returned to the Department Contact for submission to the funding agency.

### Section 1: General Information

Grant Start Date: \_\_\_\_\_

Grant End Date: \_\_\_\_\_

Grant Amount: \_\_\_\_\_

**Application/Proposal  
Deadline:** \_\_\_\_\_

Grant Type: ☐ Competitive (award on the basis of competitions among eligible grantees)  
☐ Entitlement (a set of money or an amount determined under a formula grant)  
☐ Continuation (continued funding for existing grant from funding agency)  
*If continuation of an existing grant, AS400 Acct No* \_\_\_\_\_  
Other \_\_\_\_\_

Funding Source: ☐ Federal ☐ State ☐ Foundation ☐ Corporate

If Federal Grant, CFDA#: \_\_\_\_\_

Capital Grant Project No: \_\_\_\_\_

Funding Agency: \_\_\_\_\_

CC Gov. Department: \_\_\_\_\_

Funding Agency Grant  
Program: \_\_\_\_\_

Official Grant Title: \_\_\_\_\_

Funding Agency Contact: \_\_\_\_\_

Department Grant  
Contact: \_\_\_\_\_

Phone Number/Ext: \_\_\_\_\_

Phone Number/Ext: \_\_\_\_\_

Does this grant require matching funds? ☐ YES ☐ NO

If YES, amount: \_\_\_\_\_

Amount of Matching Funds: \_\_\_\_\_ Cash \_\_\_\_\_ In-Kind

If In-Kind, how will the matching funds be tracked?

### Section 2: Grant Description

Briefly summarize the overall purpose/objective of the grant and indicate how this grant will contribute to the needs and goals of the County. (Not Grant Activities)

**Section 2: Grant Description Cont.**

Briefly list grant program activities (what is going to be done with the grant funds):

Please provide a brief explanation of pertinent budget items that will be funded through this grant.

*(indicate if funds will be used for new/old staff positions, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items.)*

How will the grant activities be continued after the end of the grant period?

**Section 3: Grant Application Review / Approval**

**\*\* Your signature indicates a full understanding of the program information provided and intent to implement the project according to all program guidelines, assurances and certifications.**

	<b>Signature:</b>	<b>Required On:</b>	
1. Department Head	_____	Sign-off Sheet	Date: _____
2. Partner Agency	_____ <i>(if applicable)</i>	Sign-off Sheet Assurances	Date: _____
3. Grant Analyst or Budget Analyst I	_____	Sign-off Sheet	Date: _____
4. Chief of Budget	_____	Sign-off Sheet	Date: _____
5. Director of Fiscal and Administrative Services	_____	Sign-off Sheet	Date: _____
6. County Attorney	_____	Sign-off Sheet Assurances	Date: _____
7. County Administrator	_____	Sign-off Sheet	Date: _____
8. President County Commissioners	_____	Sign-off Sheet Assurances	Date: _____